



**SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR SCUAA AT MinSU CALAPAN CITY CAMPUS**  
Name of Project

**BAC Resolution Recommending Approval  
Resolution No. 176, s. 2024**

**WHEREAS**, the Mindoro State University (MinSU), through the Bids and Awards Committee (BAC) has advertised in the PhilGEPS and MinSU Website the Request for Quotation (RFQ) for the project **"Supply and Delivery of Drugs and Medicines for SCUAA at MinSU Calapan City Campus"** with an Approved Budget for the Contract (ABC) amounting to One Hundred Thousand Pesos (Php100,000.00);

**WHEREAS**, in response to the said advertisement, four (4) suppliers were found in the document request list however, only one (1) supplier in the name of **CPA PHARMACY** submitted price quotation before the deadline;

**WHEREAS**, the detailed evaluation of price quotation resulted in the following:

Approved Budget for the Contract (ABC)	Name of Bidder	Price Quotation
Php100,000.00	CPA Pharmacy	Php98,805.00

**WHEREAS**, the BAC examined and verified the price quotations submitted by the abovementioned suppliers and were found to be complying and responsive; thus, the project be awarded to the supplier in the name of **CPA PHARMACY** with Single Calculated Responsive Bid (SCRB);

**NOW, THEREFORE**, the Bids and Awards Committee (BAC) **HEREBY RESOLVED AS IT IS HEREBY RESOLVED**, recommended to the Head of Procuring Entity the approval of this resolution for the abovementioned procurement the awarding of contract for the **"Supply and Delivery of Drugs and Medicines for SCUAA at MinSU Calapan City Campus"** to **CPA Pharmacy** amounting to **Ninety-Eight Thousand Eight Hundred Five Pesos (Php98,805.00)** with official address at Poblacion I, Victoria, Oriental Mindoro as the supplier/bidder with Single Calculated Responsive Bid (SCRB);

**RESOLVED**, at MinSU Main Campus, Alcate, Victoria, Oriental Mindoro, this 10<sup>th</sup> day of September, 2024.

**NEMESIO H. DAVALOS, Ph.D.**  
BAC Chairperson

**ANSELMO R. ULEP, JR.**  
BAC Vice-Chairperson

**CIEDELLE P. SALAZAR Ph.D.**  
BAC Member

**ELVI C. ESCAREZ, Ph.D.**  
BAC Member

**MELGAR G. FADRIQUELAN**  
BAC Member

Approved/Disapproved

**ENYA MARIE D. APOSTOL, Ph.D.**  
SUC President III

Date: \_\_\_\_\_





**PhilGEPS**

Philippine Government Electronic Procurement System

Central Portal for  
Philippine Government  
Procurement Opportunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 11180467  
Procuring Entity MINDORO STATE UNIVERSITY  
Title Supply and Delivery of Drugs and Medicines for SCUAA at MinSU Calapan City Campus  
Area of Delivery Oriental Mindoro

<b>Solicitation Number:</b> RFQ 2024-161 <b>Trade Agreement:</b> Implementing Rules and Regulations <b>Procurement Mode:</b> Negotiated Procurement - Small Value Procurement (Sec. 53.9) <b>Classification:</b> Goods <b>Category:</b> Drugs and Medicines <b>Approved Budget for the Contract:</b> PHP 100,000.00 <b>Delivery Period:</b> 30 Day/s <b>Client Agency:</b>  <b>Contact Person:</b> MARK LESTER A MAGPANTAY Head, BAC Secretariat Alcate Victoria Oriental Mindoro Philippines 5205 63-9-154612960  macmagpantay@minsu.edu.ph	<b>Status</b>	<b>Closed</b>
	<b>Associated Components</b>	1
	<b>Bid Supplements</b>	0
	<b>Document Request List</b>	4
	<b>Date Published</b>	23/08/2024
	<b>Last Updated / Time</b>	23/08/2024 00:00 AM
	<b>Closing Date / Time</b>	30/08/2024 17:00 PM

Description

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the address stated in the last page.

NEMESIO H. DAVALOS, Ph.D.  
BAC Chairperson

- Note: 1. All entries must be typewritten.  
2. Delivery Period within \_\_\_\_ calendar days.  
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.  
4. Price validity shall be a period of 30 calendar days.  
5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.  
6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).  
7. Mode of delivery: [ ] Pick-up (Schedule) [ ] Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
Drugs and Medicines					
1	Box	Meclizine HCl 25 mg Chewables	240's	1	
2	Bottle	Bacilus Clausii 2 Billion CEU	10's	30	
3	Box	Mefenamic Acid 500 mg	100's	2	
4	Box	Multivitamins	100's	10	
5	Box	Dexamethasone 500 mg	100's	1	
6	Box	Salbutamol Inhaler 100 mg	200 Actuations	8	
7	Box	PhenylpropanolamineHCl+Para+chlorphenamine	25 mg\ 325 mg	5	
8	Bottles	Alcohol 70%	250 ml	150	
9	Pcs	Kinesiology Tape	20		
10	Bottles	Betadine Wound Spray	55g	10	
11	Bottles	Muscle Pain Relief (Spray)	12		



- 12 Bottles Povidone Iodine 120 ml 5
- 13 Box Pain Relieving Patch 20's 40
- 14 Bottle Hydration Drink 350 ml 250
- 15 Tablet Mupirocin Ointment 5 mg 8
- 16 Bottle Methyl Salicylate Menthol Crystals Eucalyptus 20
- 17 Bottle Methyl Salicylate Camphor+Menthol 120 mg 10
- 18 Bottle Methyl Salicylate Oil 50 ml 10
- 19 Pcs Ice Pack 10
- 20 Pcs Elastic Bandage 4' 20
- 21 Pcs Arm Sling 10
- 22 Box Micropore 1" 1
- 23 Box 3m Steri Strip 5
- 24 Pack Cotton Balls 150 pcs 15
- 25 Box Oresol Sachet 3
- 26 Tablet Paracetamol 300
- 27 Box Loperamide 2 mg 100's 2
- 28 Box Cetirizine 10mg 1
- 29 Bottle Hydrogen Peroxide 120ml 5
- 30 Tablet Domperidone 10 mg 30

Date Created	22/08/2024
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The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.

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### REQUEST FOR QUOTATION

Supply and Delivery of Drugs and Medicines for SCUAA at MinSU Calapan City Campus

PR No.: 2024-007

RFQ No. 2024-161

ABC Amount: Php100,000.00

Company Name : CPA PHARMACY  
Address : Poblacion 1, Victoria, Oriental Mindoro

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the address stated in the last page.

**NEMESIO H. DAVALOS, Ph.D.**

BAC Chairperson

- Note:
1. All entries must be typewritten.
  2. Delivery Period within 15 calendar days.
  3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
  4. Price validity shall be a period of 30 calendar days.
  5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
  6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
  7. Mode of delivery: [ ] Pick-up (Schedule) [x] Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
<b>Drugs and Medicines</b>					
1	Box	Meclizine HCl 25 mg Chewables 240's	1	4,000.00	4,000.00
2	Bottle	Bacilus Clausii 2 Billion CEU 10's	30	65.00	1,950.00
3	Box	Mefenamic Acid 500 mg 100's	2	350.00	700.00
4	Box	Multivitamins 100's	10	220.00	2,200.00
5	Box	Dexamethasone 500 mg 100's	1	350.00	350.00
6	Box	Salbutamol Inhaler 100 mg 200 Actuations	8	250.00	2,000.00
7	Box	PhenylpropanolamineHCl+Para+chlorphenamine 25 mg\ 325 mg	5	400.00	2,000.00
8	Bottles	Alcohol 70% 250 ml	150	75.00	11,250.00
9	Pcs	Kinesiology Tape	20	400.00	8,000.00
10	Bottles	Betadine Wound Spray 55g	10	350.00	3,500.00
11	Bottles	Muscle Pain Relief (Spray)	12	600.00	7,200.00
12	Bottles	Povidone Iodine 120 ml	5	185.00	925.00
13	Box	Pain Relieving Patch 20's	40	140.00	5,600.00
14	Bottle	Hydration Drink 350 ml	250	50.00	12,500.00
15	Tablet	Mupirocin Ointment 5 mg	8	150.00	1,200.00
16	Bottle	Methyl Salicylate Menthol Crystals Eucalyptus	20	85.00	1,700.00
17	Bottle	Methyl Salicylate Camphor+Menthol 120 mg	10	175.00	1,750.00
18	Bottle	Methyl Salicylate Oil 50 ml	10	65.00	650.00
19	Pcs	Ice Pack	10	250.00	2,500.00
20	Pcs	Elastic Bandage 4'	20	55.00	1,100.00
21	Pcs	Arm Sling	10	180.00	1,800.00
22	Box	Micropore 1"	1	650.00	650.00
23	Box	3m Steri Strip	5	4,200.00	21,000.00
24	Pack	Cotton Balls 150 pcs	15	55.00	825.00
25	Box	Oresol Sachet	3	250.00	750.00
26	Tablet	Paracetamol	300	6.00	1,800.00
27	Box	Loperamide 2 mg 100's	2	150.00	300.00
28	Box	Cetirizine 10mg	1	150.00	150.00
29	Bottle	Hydrogen Peroxide 120ml	5	55.00	275.00
30	Tablet	Domperidone 10 mg	30	6.00	180.00

MSU-BAC-FR-05.01







Republic of the Philippines  
Department of Budget and Management  
**PROCUREMENT SERVICE**  
**CERTIFICATE OF PHILGEPS REGISTRATION**  
**(Platinum Membership)**

THIS IS TO CERTIFY THAT

**CPA PHARMACY**  
POBLACION 1 ,  
Victoria , Oriental Mindoro , Region IV-B , Philippines

is registered in the **Philippine Government Electronic Procurement System (PhilGEPS)** on 27-Jan-2005 pursuant to Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184, otherwise known as the Government Procurement Reform Act.

This further certifies that **CPA PHARMACY** has submitted the required eligibility documents in the PhilGEPS Supplier Registry as listed in Annex A, which document is attached hereto and made an integral part hereof.

For the purpose of updating this Certificate, all Class "A" eligibility documents covered by Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184 supporting the veracity, authenticity and validity of this Certificate shall remain current and updated. The failure by the prospective Bidder to update this Certificate with the current and updated Class "A" eligibility documents shall result in the automatic suspension of its validity until such time that all of the expired Class "A" eligibility documents has been updated.

By submitting this Certificate, the Bidder certifies:

1. the authenticity, genuineness, validity, and completeness of the copy of the original eligibility documents submitted;
2. the veracity of the statements and information contained therein;
3. that the Certificate is not a guaranty that the named registrant will be declared eligible without first being determined to be such for that particular bidding, nor is it an evidence that the Bidder has passed the post-qualification stage; and
4. that any finding of concealment, falsification, or misrepresentation of any of the eligibility documents submitted, or the contents thereof shall be a ground for disqualification from further participation in the bidding process, without prejudice to the imposition of appropriate administrative, civil and criminal penalty in accordance with the laws.

This Certificate is valid until 01-Jun-2025

Issued this 27th day of May 2024.

This is a system generated certificate. No signature is required.



Documentary Stamp Tax Paid Php 30.00  
Certificate Reference No: 200501-6243-40225844



## REMINDERS <sup>1</sup>

- *The PhilGEPS office shall not determine the eligibility of merchants. The PhilGEPS office's evaluation of the eligibility requirements shall be for the sole purpose of determining the approval or disapproval of the merchant's application for registration.*
- *A merchant's registration and membership in the GOP-OMR is neither contract-specific nor understood to be tantamount to a finding of eligibility. Neither shall the merchant's successful registration in the GOP-OMR be relied upon to claim eligibility for the purpose of participation in any public bidding.*
- *The determination of the eligibility of merchants, whether registered with the GOP-OMR or not, shall remain with the Bids and Awards Committee (BAC). The BAC's determination of validity of the eligibility requirements shall be conclusive to enable the merchant to participate in the public bidding process.*

Certificate Reference No: 200501-6243-40225844

Page 2 of 3

<sup>1</sup>Refer to Section 4 of the Guidelines for the Use of the Government of the Philippines - Official Merchant's Registry



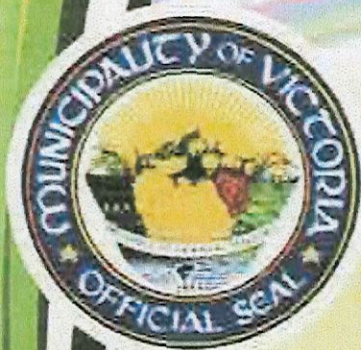
# List of Eligibility Documents

of  
**CPA PHARMACY**

POBLACION 1 ,  
Victoria , Oriental Mindoro , Region IV-B , Philippines

<b>DTI Certificate</b>	DTI Certificate Number : 2209456 Issued By / Signatory : RAMON M. LOPEZ Registration Date : 01-Oct-2020 Expiration Date : 01-Oct-2025
<b>Mayors Permit</b>	Expiration Date : 31-Dec-2024 Permit Number : 888 0345 Place of Issue : VICTORIA ORIENTAL MINDORO Issued By / Signatory : JOSELITO C. MALABANAN Issuance Date : 10-Jan-2024
<b>Tax Clearance</b>	Expiration Date : 01-Mar-2025 TCC Number : RR9A-063-02-29-R0407-2024-E Issued By / Signatory : AMIHAN L. VALDEZ Issuance date : 29-Feb-2024
<b>Audited Financial Statement</b>	Date of Filing : 10-Apr-2024 Current Asset : 2,618,117.50 Total Asset : 3,255,741.50 Current Liabilities : 43,625.14 Total Liabilities : 43,625.14 Name of Auditor : FLOR S. MARASIGAN BIR RDO Code : 063
<b>PCAB License</b>	Expiration Date : - Issued By / Signatory : Issuance Date : - License Number : License First Issue Date : - Principal Classification : Category :





Republic of the Philippines  
Province of Oriental Mindoro  
MUNICIPALITY OF VICTORIA

KNOW ALL MEN BY THIS PRESENT

Pursuant to the provision of Tax Ordinance Number 06-2016, otherwise known as the revised Revenue Code of Victoria, Oriental Mindoro, after the taxes and Charges, etc., and compliance with the existing requirements permit is hereby granted to herein taxpayer.

## Mayor's Permit of Business

Status: <b>Renew</b>	Permit Number: <b>888-0345</b>	Date of Issuance: 10 Jan 2024    A	Date of Expiration: December 31, 2024
O.R. Number: 3716368	O.R. Date: 1/10/2024	Amount Paid: 30,967.65	Capital Gross Sales: 4,339,606.98

Taxpayer's Name: **MATANGUIHAN, YOLANDA**

Business Name: **CPA PHARMACY**

Nature of Business: **Drugstore, Medical and Dental Supplies and Equipment (Wholesaler/Retailer)  
Office Equipment, Machinery and Electronic Equipment**

Address: **OLD MARKET, Victoria, Oriental Mindoro**

PERMIT SHALL BE SUBJECT TO IMMEDIATE CANCELLATION IF THERE IS FAILURE ON PART OF THE GRANTEE TO CONTINUOUSLY COMPLY WITH THE PROVISION OF THE BUILDING CODE OF THE PHILIPPINES AND OTHER PERTINENT LAWS AND REGULATION RELATIVE TO ISSUANCE OF PERMIT AND LICENSE

Approved by

**JOSELITO C. MALABANAN**  
Municipal Mayor

This Franchise Permit and Official Receipt shall be displayed or posted for public view in a conspicuous place within the place of business of undertaking.



## Omnibus Sworn Statement


Republic of the Philippines)  
Province of Or. Mindoro ) SS  
Municipality of Victoria )

### AFFIDAVIT

I, YOLANDA D. MATANGUIHAN, of legal age, married, Filipino, and residing at Poblacion 1, Victoria, Oriental Mindoro, after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor of CPA PHARMACY with office address at Poblacion 1, Victoria, Oriental Mindoro;
2. As the owner and sole proprietor of CPA PHARMACY, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for Supply and Delivery of Drugs and Medicines for SCUAA at MinSU Calapan City Campus;;
3. CPA PHARMACY is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. CPA PHARMACY is authorizing the Head of the Procuring Entity or its duly authorized representative to verify all the documents submitted;
6. I am not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
7. CPA PHARMACY complies with existing labor laws and standards; and
8. CPA PHARMACY is aware of and has undertaken the following responsibilities as a Bidder:
  - a. Carefully examine all of the Bidding Documents;
  - b. Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Made an estimate of the facilities available and needed for the contract to be bid, and inquire or secure Supplemental/Bid Bulletin(s) issued for the Supply and Supply and Delivery of Drugs and Medicines for SCUAA at MinSU Calapan City Campus.
9. CPA PHARMACY did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with the unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this 27<sup>th</sup> day of August 2024, at Victoria Oriental Mindoro, Philippines.


  
YOLANDA D. MATANGUIHAN  
Affiant

### ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 27<sup>th</sup> day of August, 2024 at Victoria, Oriental Mindoro, Philippines. Affiant personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on National Practice (A.M. No. 02-8-13-SC). Affiant exhibited to me her PRC ID, with her photograph and signature appearing thereon, with No. 0029008 and her Community Tax Certificate No. 15667745 issued on January 10, 2024 at Victoria, Oriental Mindoro, Philippines.

Witness my hand and seal this 27<sup>th</sup> day of August 2024.

Doc. No. 200  
Page No. 41  
Book No. 441  
Series of 2024

  
ATTY. ARISTEDES A. MARAMOT  
Notary Public  
Until Dec. 31, 2024 NP-22-234  
PTR No. 3565882  
Victoria Or. Mindoro/01-02-2024  
Roll No. 41130/April 15, 1996  
IBP No. 415498/01-16-2024/Or. Mindoro  
MCLE Compliance No. VII -0013433  
Valid until 04-14-2025



BIR FORM  
**2303**

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG PANANALAPI  
KAWANIHAN NG RENTAS INTERNAS  
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)  
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20220000002713

Date OCN Generated: July 18, 2022

UPDATED ON JUL 18 2022

**CERTIFICATE OF REGISTRATION**

<b>TIN &amp; BRANCH CODE</b> 129-326-144-00000	<b>NAME OF TAXPAYER</b> MATANGUIHAN, YOLANDA DIMAANO	<b>TIN ISSUANCE DATE</b> October 1, 2007
<b>REGISTERING OFFICE</b> X	<b>Head Office</b>	<b>Branch</b>
<b>REGISTERED ADDRESS</b> POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES		

TAX TYPES	FORM TYPES	FILING START DATE	FILING FREQUENCY	FILING DUE DATE
WITHHOLDING TAX - COMPENSATION	1604C	January 1, 2023	ANNUALLY	On or before January 31 of the year following the calendar year in which the compensation payment and other income payments were paid or accrued.
VALUE ADDED TAX	2550M	May 12, 2011	MONTHLY	Not later than the 20th day following the close of the month.
VALUE ADDED TAX	2550Q	May 12, 2011	QUARTERLY	Not later than the 25th day following the close of each taxable quarter.
REGISTRATION FEE	0605	October 1, 2007	ANNUALLY	On or before the last day of January.
INDIVIDUAL INCOME TAX	1701	September 16, 2003	ANNUALLY	On or before April 15 of each year covering income for the preceding taxable year.
INDIVIDUAL INCOME TAX	1701Q	July 31, 2007	QUARTERLY	1st Quarter-on or before MAY 15 2nd Quarter-on or before AUGUST 15 3rd Quarter-on or before November 15
WITHHOLDING TAX - EXPANDED/OTHERS	0619E	July 18, 2022	MONTHLY	On or before the 10th day of the month following the month in which withholding was made.
WITHHOLDING TAX - EXPANDED/OTHERS	1601EQ	July 18, 2022	QUARTERLY	Not later than the last day of the month following the close of the quarter during which withholding was made.
WITHHOLDING TAX - EXPANDED/OTHERS	1604E	January 1, 2023	ANNUALLY	On or before March 1 of the year following the calendar year in which the income payments subject to expanded withholding taxes or exempt from withholding tax were paid or accrued.
WITHHOLDING TAX - COMPENSATION	1601C	March 16, 2022	MONTHLY	On or before the 10th day of the month following the month when the withholding was made except for taxes withheld for December which shall be filed and paid/remitted on or before



BIR FORM  
**2303**

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG PANANALAPI  
KAWANIHAN NG RENTAS INTERNAS  
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)  
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC2022000002713  
Date OCN Generated: July 18, 2022  
UPDATED ON **18** 2022

**CERTIFICATE OF REGISTRATION**

<b>TIN &amp; BRANCH CODE</b> 129-326-144-00000		<b>NAME OF TAXPAYER</b> MATANGUIHAN, YOLANDA DIMAANO		<b>TIN ISSUANCE DATE</b> October 1, 2007	
<b>REGISTERING OFFICE</b>		<b>X</b>	<b>Head Office</b>		<b>Branch</b>
<b>REGISTERED ADDRESS</b> POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES					
		January 15 of the succeeding year.			
<b>TAXPAYER TYPE/S</b>		<b>SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)</b>			
<b>BUSINESS INFORMATION DETAILS</b>					
<b>TRADE NAME 1</b>		<b>CPA PHARMACY</b>		<b>REGISTRATION DATE</b> October 1, 2007	
<b>(PSIC)</b>		46594-WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT		<b>Secondary</b>	
<b>Line of Business</b>		WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT			
<b>(PSIC)</b>		47722-RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES		<b>Primary</b>	
<b>Line of Business</b>		RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES			
<b>(PSIC)</b>		47720-RETAIL SALE OF PHARMACEUTICAL AND MEDICAL GOODS, COSMETIC AND TOILET ARTICLES IN SPECIALIZED STORES		<b>Secondary</b>	
<b>Line of Business</b>		RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES			
<b>(PSIC)</b>		46429-WHOLESALE OF MISCELLANEOUS CONSUMER GOODS, N.E.C.		<b>Secondary</b>	
<b>Line of Business</b>		WHOLESALE OF HOUSEHOLD GOODS			
<b>(PSIC)</b>		47739-OTHER RETAIL SALE OF NEW GOODS IN SPECIALIZED STORES, N.E.C.		<b>Secondary</b>	
<b>Line of Business</b>		RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES			

**REMINDERS:**

1. An annual registration fee shall be paid upon registration and every year thereafter on or before the last day of January, using BIR Form No. 0605.
2. Filing of required tax return/s to conform with the above tax types, whether with or without business



BIR FORM  
**2303**

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG PANANALAPI  
KAWANIHAN NG RENTAS INTERNAS  
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)  
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC2022000002713

Date OCN Generated: July 18, 2022

UPDATED ON JUL 18 2022

**CERTIFICATE OF REGISTRATION**

<b>TIN &amp; BRANCH CODE</b> 129-326-144-00000	<b>NAME OF TAXPAYER</b> MATANGUIHAN, YOLANDA DIMAANO	<b>TIN ISSUANCE DATE</b> October 1, 2007
<b>REGISTERING OFFICE</b> X	Head Office	Branch
<b>REGISTERED ADDRESS</b> POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES		

operation, to avoid penalties.

- For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.
- Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.
- For Self-Employed Individuals (SEI) whose gross sales and/or receipts and other non-operating income does not exceed P3,000,000 and who opted to avail of the 8% Income tax rate, the tax type Percentage Tax (PT) shall not be reflected in the Certificate of Registration (COR). However, at the start of each taxable year, such SEI shall be automatically subjected to graduated income tax rates and required to file quarterly percentage tax return (BIR Form No. 2551Q) and option to replace the COR to reflect "PT", unless qualified and opted to avail of the 8% Income tax rate annually.



**MERIAN Z. ROMERO**  
CHIEF, CLIENT SUPPORT SECTION


I hereby certify that the above named person is registered as indicated above, under the provision of the National Internal Revenue Code, as amended.

**EMELITA R. ABO**

REVENUE DISTRICT OFFICER  
(Signature over Printed Name)

**THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS.**






Bureau of Internal Revenue

Republic of the Philippines

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REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

FILING REFERENCE NO.

TIN	: 129-326-144-000
Name	: MATANGUIHAN YOLANDA DIMAANO
RDO	: 063
Form Type	: 1701Q
Reference No.	: 422400059270424
Amount Payable (Over Remittance)	: 1,482.00
Accounting Type	: C - Calendar
For Tax Period	: 03/31/2024
Quarter	: 1
Date Filed	: 04/21/2024
Tax Type	: IT

Proceed to Payment

[ [BIR Main](#) | [eFPS Login](#) | [User Menu](#) | [Help](#) ]





BIR eFPS has received the payment confirmation for your tax return from SBTC.

TIN	129 - 326 - 144 - 000
Taxpayer's Name	MATANGUIHAN, YOLANDA DIMAANO
Tax Type	IT
Return Period	03/31/2024
Transacting Bank	SBTC (027000)
Reference Number	422400059270424
Payment Transaction Number	241063301
Payment Transaction Date	04/21/2024
Actual Amount Paid	1482.00
SBTC's Confirmation Number	BI-042124-90050
Please refer to the Tax Return Inquiry facility to check the status of your payment.	

[ eFPS Main | BIR Main | Help | Print ]





Guidelines and Instructions | Help  
Reference No:422400059270424  
Date Filed:April 21 2024 04:18 PM  
Batch Number:0



For BIR Use Only BCS/Item

1701Q 01/18ENCs P1



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas  
Internas

Quarterly Income Tax Return  
For Individuals, Estates and Trusts

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.

BIR Form No.  
**1701Q**  
January 2018 (ENCs)  
Page 1

1 For the Year (YYY) 2024	2 Quarter <input checked="" type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd	3 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	4 Number of Sheet/s Attached 0
------------------------------	---	--	-----------------------------------

Part I – Background Information on Taxpayer/Filer

5 Taxpayer Identification Number (TIN) 129 - 326 - 144 - 000	6 RDO Code 063
7 Taxpayer/Filer Type <input checked="" type="radio"/> Single Proprietor <input type="radio"/> Professional <input type="radio"/> Estate <input type="radio"/> Trust	
8 Alphabetic Tax Code (ATC) <input checked="" type="radio"/> II012 Business Income-Graduated IT Rates <input type="radio"/> II014 Income from Profession-Graduated IT Rates <input type="radio"/> II013 Mixed Income-Graduated IT Rates <input type="radio"/> II015 Business Income-8% IT Rate <input type="radio"/> II017 Income from Profession-8% IT Rate <input type="radio"/> II016 Mixed Income-8% IT Rate	
9 Taxpayer/Filer's Name (Last Name, First Name, Middle Name for Individual) / ESTATE of (First Name, Middle Name, Last Name) / TRUST FAC: (First Name, Middle Name, Last Name) MATANGUIHAN, YOLANDA DIMAANO	
10 Registered Address (Indicate complete registered address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form 1905) PUBLIC MARKET OR. MINDORO	
10A ZIP Code 5205	
11 Date of Birth (MM/DD/YYYY) 09/15/1963	12 Email Address ydmatanguihan_cpa@yahoo.com
13 Citizenship FILIPINO	14 Foreign Tax Number (if applicable)
15 Claiming Foreign Tax Credits? <input type="radio"/> Yes <input checked="" type="radio"/> No	
16 Tax Rate* (choose one, for income from business/profession) <input checked="" type="radio"/> Graduated Rates per Tax Table – page 2 Choose Method of Deduction in Item 16A) <input type="radio"/> 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as amended [available if gross sales/receipts and other non-operating income do not exceed Three Million Pesos (P 3M)]	
16A Method of Deduction <input checked="" type="radio"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]	

Part II – Background Information on Spouse (if applicable)

17 Spouse's TIN 129 - 326 - 144 - 000	18 RDO Code
19 Filer's Spouse Type <input type="radio"/> Single Proprietor <input type="radio"/> Professional <input type="radio"/> Compensation Earner	
20 ATC <input type="radio"/> II012 Business Income-Graduated IT Rates <input type="radio"/> II014 Income from Profession-Graduated IT Rates <input type="radio"/> II013 Mixed Income-Graduated IT Rates <input type="radio"/> II011 Compensation Income <input type="radio"/> II015 Business Income-8% IT Rate <input type="radio"/> II017 Income from Profession-8% IT Rate <input type="radio"/> II016 Mixed Income-8% IT Rate	
21 Spouse's Name (Last Name, First Name, Middle Name)	
22 Citizenship	23 Foreign Tax Number, if applicable
24 Claiming Foreign Tax Credits? <input type="radio"/> Yes <input checked="" type="radio"/> No	
25 Tax Rate* (choose one, for income from business/profession) <input type="radio"/> Graduated Rates per Tax Table – page 2 Choose Method of Deduction in Item 25A) <input type="radio"/> 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as amended [available if gross sales/receipts and other non-operating income do not exceed Three Million Pesos (P 3M)]	
25A Method of Deduction <input type="radio"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]	



Part III – Total Tax Payable

(DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)

Particulars	A) Taxpayer/Filer	B) Spouse
26 Tax Due (From Part V, Schedule I-Item 46 OR Schedule II-Item 54)	1,482	0
27 Less: Tax Credits/Payments (From Part V, Schedule III-Item 62)	0	0
28 Tax Payable/(Overpayment) (Item 26 Less Item 27) (From Part V, Item 63)	1,482	0
29 Add: Total Penalties (From Part V, Schedule IV-Item 67)	0	0
30 Total Amount Payable/(Overpayment) Sum of Items 28 and 29 (From Part V, Item 68)	1,482	0
31 Aggregate Amount Payable/(Overpayment) (Sum of Item 30A and 30B)		1,482

I declare under the penalties of perjury, that this annual return has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. (If Authorized Representative, attach authorization letter and indicate TIN.)

Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent  
(Indicate Title/Designation and TIN)

Part IV – Details of Payment

Particulars	Drawee Bank/Agency	Number	Date(MM/DD/YYYY)	Amount
32 Cash/Bank Debit Memo				
33 Check				
34 Tax Debit Memo				
35 Others (specify below)				

Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)

Stamp of receiving Office/AAB and Date of Receipt  
(RO's Signature/Bank Teller's Initial)

Attachments

Add Attachment

Remove Attachment





Guidelines and Instructions | Help  
Reference No:422400059270424  
Date Filed:April 21 2024 04:18 PM  
Batch Number:0

BIR Form No.

1701Q

January 2018 (ENCS)

Page 2

Quarterly Income Tax Return

For Individuals, Estates and Trusts

1701Q 01/18ENCS P2

TIN

129 - 326 - 144 - 000

Taxpayer/Filer's Last Name

MATANGUIHAN, YOLANDA DIMAANO

PART V – COMPUTATION OF TAX DUE

(DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)

Declaration this Quarter

A) Taxpayer/Filer

B) Spouse

If graduated rate, fill in items 36 to 46; if 8%, fill in items 47 to 54

Schedule I – For Graduated IT Rate

36 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)

1,029,523

0

37 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)

658,208

0

38 Gross Income/(Loss) from Operation (Item 36 Less Item 37)

371,315

0

Less: Allowable Deductions

39 Total Allowable Itemized Deductions

111,435

0

OR

40 Optional Standard Deduction (OSD) (40% of Item 36)

0

0

41 Net Income/(Loss) This Quarter(If Itemized: Item 38 Less Item 39; If OSD: Item 38 Less Item 40)

259,880

0

Add: 42 Taxable Income/(Loss) Previous Quarter/s

0

0

43 Non-Operating Income (specify)

0

0

Add

Delete

Upload Attachment

44 Amount Received/Shared in Income by a Partner from General Professional Partnership (GPP)

0

0

45 Total Taxable Income/(Loss) To Date (Sum of Items 41 to 44)

259,880

0

46 TAX DUE (Item 45 × Applicable Tax Rate based on Tax Table below) (To Part III, Item 26)

1,482

0

Schedule II – For 8% IT Rate

47 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)

0

0

48 Add: Non-Operating Income (specify)

0

0

Add

Delete

Upload Attachment

49 Total Income for the quarter (Sum of Items 47 and 48)

0

0

50 Add: Total Taxable Income/(Loss) Previous Quarter (Item 51 of previous quarter)

0

0

51 Cumulative Taxable Income/(Loss) as of This Quarter (Sum of Items 49 and 50)

0

0

52 Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of P 250,000

0

0

53 Taxable Income/(Loss) To Date (Item 51 Less Item 52)

0

0

54 TAX DUE (Item 53 × 8% Tax Rate) (To Part III, Item 26)

0

0

Schedule III – Tax Credits/Payments

55 Prior Year's Excess Credits

0

0

56 Tax Payment/s for the Previous Quarter/s

0

0

57 Creditable Tax Withheld for the Previous Quarter/s

0

0

58 Creditable Tax Withheld per BIR Form No. 2307 for this Quarter

0

0

59 Tax Paid in Return Previously Filed, if this is an Amended Return

0

0

60 Foreign Tax Credits, if applicable

0

0



61 Other Tax Credits/Payments (specify)

0

0

Add

Delete

Upload Attachment

62 Total Tax Credits/Payments (Sum of Items 55 to 61) (To Part III, Item 27)

0

0

63 Tax Payable/(Overpayment) (Item 46 or 54, Less Item 62) (To Part III, Item 28)

1,482

0

Schedule IV – Penalties

64 Surcharge

0

0

65 Interest

0

0

66 Compromise

0

0

67 Total Penalties (Sum of Items 64 to 66) (To Part III, Item 29)

0

0

68 Total Amount Payable/(Overpayment) (Sum of Items 63 and 67) (To Part III, Item 30)

1,482

0

TABLE 1 – Tax Rates (effective January 1, 2018 to December 31, 2022)

If Taxable Income is:	Tax Due is:
Not over ₱250,000	0%
Over ₱250,000 but not over ₱400,000	20% of the excess over ₱250,000
Over ₱400,000 but not over ₱800,000	₱30,000 + 25% of the excess over ₱400,000
Over ₱800,000 but not over ₱2,000,000	₱130,000 + 30% of the excess over ₱800,000
Over ₱2,000,000 but not over ₱8,000,000	₱490,000 + 32% of the excess over ₱2,000,000
Over ₱8,000,000	₱2,410,000 + 35% of the excess over ₱8,000,000

TABLE 2 – Tax Rates (effective January 1, 2023 and onwards)

If Taxable Income is:	Tax Due is:
Not over ₱250,000	0%
Over ₱250,000 but not over ₱400,000	15% of the excess over ₱250,000
Over ₱400,000 but not over ₱800,000	₱22,500 + 20% of the excess over ₱400,000
Over ₱800,000 but not over ₱2,000,000	₱102,500 + 25% of the excess over ₱800,000
Over ₱2,000,000 but not over ₱8,000,000	₱402,500 + 30% of the excess over ₱2,000,000
Over ₱8,000,000	₱2,202,500 + 35% of the excess over ₱8,000,000

Attachments

Add Attachment

Remove Attachment





PNB

BTR-BIR PAYMENT  
SLIP

DATE:

07.24.24  
M M D D Y Y

PLEASE WRITE HEAVILY

Dr. Mindoro-Victoria BRANCH is happy to serve you!  
You have made a BILLS PAYMENT  
of PHP 2,879.79 on 07-24-2024 09:45:16  
to BUREAU OF INTERNAL REVENUE 25500  
Payor: YOLANDA DIMAANO MATANGUIHAN  
Account no. 129526144000  
Txn Refs: 985631691024072400202  
Mode of Payment: Cash  
Service Charge: PHP 0.00

Processed by Jeane L. Rosales Sec# 175  
Thank you for banking with us. With PNB, You First!

Before leaving the counter, please ensure the correctness of the transaction details as seen on the validation. This document is considered valid when machine validated.

ACCOUNT NAME <b>BTR - BIR</b>		Taxpayer may confirm their Tax Payment with their Home RDO/LTDO (where they file tax returns and pay internal revenue taxes).																							
TAXPAYER'S NAME <b>YOLANDA D. MATANGUIHAN</b>																									
TIN <b>129-326-144-00000</b>		TAX TYPE <b>VAT</b>																							
TAX PERIOD <b>06.30-2024</b>		TAX FORM <b>2550R</b>																							
<b>MODE OF PAYMENT</b>																									
<input type="checkbox"/> CASH																									
NOTES	QTY	AMOUNT	NOTES	QTY	AMOUNT																				
1,000	2	2,000.00	100	3	300.00																				
500	1	500.00	50																						
200			20																						
TOTAL COINS		<b>79.79</b>	CASH PAYMENT		<b>2,879.79</b>																				
<input type="checkbox"/> CHECK			CHECK PAYMENT																						
<input type="checkbox"/> DEBIT MY ACCOUNT NO.																									
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
AMOUNT IN FIGURES: <b>2,879.79</b>																									
AMOUNT IN WORDS: <b>Two Thousand Eight Hundred Seventy Nine Pesos and 79/100</b>																									
<input checked="" type="checkbox"/> We consent to the collection and processing of personal data provided herein that will be used for facilitating the BIR-BTR transaction. All personal data will be processed in accordance with the Bank's Data Privacy Policy provided in the Bank's website (www.pnb.com.ph) and applicable data privacy laws, rules and regulations or may be amended from time to time.																									
ACCOUNTHOLDER'S SIGNATURE																									
Signature Verified by:			Approved by: <b>[Signature]</b>																						

TAXPAYER'S COPY

Form 2030.3 REV Sept '20



2550Q

April 2024 (ENCS)  
Page 2

Quarterly Value-Added Tax  
(VAT) Return



2550Q 04/24ENCS P2

TIN

Taxpayer's Last Name (if Individual)/Registered Name (if Non-Individual)

1 2 9 1 3 1 2 6 1 4 4 0 0 0 0 0 M A T A I N G U I H A N

Part IV – Details of VAT Computation

Total Sales and Output Tax	A. Sales for the Quarter (Exclusive of VAT)	B. Output Tax for the Quarter
31 VATable Sales	1 6 7 1 2 7 7 . 2 3	2 0 0 5 5 3 . 2 7
32 Zero-Rated Sales		
33 Exempt Sales		
34 Total Sales & Output Tax Due <small>(Sum of Items 31A to 33A) / (Item 31B)</small>	1 6 7 1 2 7 7 . 2 3	2 0 0 5 5 3 . 2 7
35 Less: Output VAT on Uncollected Receivables		1 5 5 8 0 . 3 6
36 Add: Output VAT on Recovered Uncollected Receivables Previously Deducted		
37 Total Adjusted Output Tax Due <small>(Item 34B Less Item 35B Add Item 36B)</small>		1 8 4 9 7 2 . 9 1
Less: Allowable Input Tax		B. Input Tax
38 Input Tax Carried Over from Previous Quarter		
39 Input Tax Deferred on Capital Goods Exceeding P1 Million from Previous Quarter <small>(From Part V - Schedule 1 Col E)</small>		
40 Transitional Input Tax		
41 Presumptive Input Tax		
42 Others <small>(Specify)</small>		
43 Total <small>(Sum of Items 38B to 42B)</small>		1 8 4 9 7 2 . 9 1

Current Transactions	A. Purchases	B. Input Tax
44 Domestic Purchases	9 1 7 4 6 0 . 1 2	1 1 0 0 9 5 . 2 1
45 Services Rendered by Non-Residents		
46 Importations		
47 Others <small>(Specify)</small> services	3 3 4 5 3 . 4 8	4 0 1 4 . 4 2
48 Domestic Purchases with No Input Tax	1 1 9 8 6 7 . 6 8	
49 VAT-Exempt Importations		
50 Total Current Purchases/Input Tax <small>(Sum of Items 44A to 49A) / (Sum of Items 44B to 47B)</small>	1 0 7 0 7 8 1 . 2 8	1 1 4 1 0 9 . 6 3
51 Total Available Input Tax <small>(Sum of Items 43B and 50B)</small>		7 0 8 6 3 . 2 8
Less: Adjustment/Deductions from Input Tax		B. Input Tax
52 Input Tax on Purchases/Importation of Capital Goods exceeding P1 Million deferred for the succeeding period <small>(From Part V Schedule 1, Column I)</small>		
53 Input Tax Attributable to VAT Exempt Sales <small>(From Part V - Schedule 2)</small>		
54 VAT Refund/TCC Claimed		
55 Input VAT on Unpaid Payables		
56 Others <small>(Specify)</small>		
57 Total Deductions from Input Tax <small>(Sum of Items 52B to 56B)</small>		
58 Add: Input VAT on Settled Unpaid Payables Previously Deducted		
59 Adjusted Deductions from Input Tax <small>(Sum of Items 57B and 58B)</small>		
60 Total Allowable Input Tax <small>(Item 51B Less Item 59B)</small>		
61 Net VAT Payable/(Excess Input Tax) <small>(Item 37B Less Item 60B) (To Part II, Item 15)</small>		7 0 8 6 3 . 2 8

Part V – Schedules

Schedule 1 – Amortized Input Tax from Capital Goods (Attach additional sheet/s, if necessary)

Date Purchased/ Imported <small>(MM/DD/YYYY)</small>	Source Code*	Description	Amount of Purchases/ Importation of Capital Goods Exceeding P 1 M	Balance of Input Tax from Previous Period	Estimated Life <small>(in months)</small>	Recognized Life <small>(in Months)</small> Remaining Life	Allowable Input Tax for the Period**	Balance of Input Tax to be carried to Next Period (E) Less (H)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total <small>(Column E - To Part IV, Item 39B) / (Column I - To Part IV, Item 52B)</small>								

\* D for Domestic Purchase; I for Importation

\*\*E divided by G multiplied by the Number of months in use during the quarter

Schedule 2 – Input Tax Attributable to VAT Exempt Sales

Input Tax directly attributable to VAT Exempt Sale

Add: Ratable portion of Input Tax not directly attributable to any activity:

VAT Exempt Sale

Total Sales

X Amount of Input Tax not directly attributable

Total Input Tax attributable to Exempt Sale (To Part IV, Item 53)

Schedule 3 – Creditable VAT Withheld (Attach additional sheet/s, if necessary)

(A) Period Covered	(B) Name of Withholding Agent	(C) Income Payment	(D) Total Tax Withheld





BIR Form No.

**2550Q**

April 2024 (ENCS)  
Page 1

# Quarterly Value-Added Tax (VAT) Return

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Taxpayer.



2550Q 04/24ENCS P1

1 For the <input checked="" type="checkbox"/> Calendar <input type="checkbox"/> Fiscal	2 Year Ended (MM/YYYY)	1 2 2 0 2 4	3 Quarter	<input type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
4 Return Period (MM/DD/YYYY)	5 Amended Return?	6 Short Period Return?		
From 0 4 0 1 2 0 2 4 To 0 6 3 0 2 0 2 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## Part I - Background Information

7 Taxpayer Identification Number (TIN)	1 2 9 - 3 2 6 - 1 4 4 - 0 0 0 0 0	8 RDO Code	0 6 3
9 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)			
MATANGUIHAN, YOLANDA DIMAANO			
10 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)			
POBLACION 1, VICTORIA, ORIENTAL MINDORO			
11 Contact Number (Landline/Cellphone No.)	12 Email Address	10A ZIP Code	
0 9 1 7 6 5 6 2 1 9 5	ydmatanguihan_cpa@yahoo.com	5 2 0 5	
13 Taxpayer Classification	<input type="checkbox"/> Micro <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		
14 Are you availing of tax relief under Special Law or International Tax Treaty?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14A If yes, specify	

## Part II - Total Tax Payable

15 Net VAT Payable/(Excess Input Tax) (From Part IV, Item 61)	7 0 8 6 3 - 2 8
Less: Tax Credits/Payments	
16 Creditable VAT Withheld (From Part V - Schedule 3, Column D)	6 7 9 8 3 - 4 9
17 Advance VAT Payments (From Part V - Schedule 4)	
18 VAT paid in return previously filed, if this is an amended return	
19 Other Credits/Payment (Specify)	
20 Total Tax Credits/Payment (Sum of Items 16 to 19)	6 7 9 8 3 - 4 9
21 Tax Still Payable/(Excess Credits) (Item 15 Less Item 20)	2 8 7 9 - 7 9
Add: Penalties	
22 Surcharge	
23 Interest	
24 Compromise	
25 Total Penalties (Sum of Items 22 to 24)	
26 TOTAL AMOUNT PAYABLE/(Excess Credits) (Sum of Items 21 and 25)	2 8 7 9 - 7 9

I/We declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter and indicate TIN)

For Individual:	For Non-Individual:
 YOLANDA D. MATANGUIHAN	
Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)	Signature over Printed Name of President/Vice President/Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)
Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)	Date of Issue (MM/DD/YYYY)
	Expiry Date (MM/DD/YYYY)

## Part III - Details of Payment

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
27 Cash/Bank Debit Advice				
28 Check				
29 Tax Debit Memo				
30 Others (Specify below)				

Machine Validation/Revenue Official Receipt (ROR) Details (if not filed with an Authorized Agent Bank)

Stamp of Receiving Office/AAB and Date of Receipt  
(RO's Signature/Bank Teller's Initial)

Processed by: Jerome L. Rosales Sep 17 2024  
Thank you for banking with us. With PNB, You First!

DATE: 9/17/24  
TELEFONO: 0917-1234567





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF INTERNAL REVENUE**  
REVENUE REGION NO. 9A - CaBaMiRo  
CITY OF STO. TOMAS, BATANGAS  
QF-TCC-01-01-2023.00

Annex "M"

TCBP NO. RR9A-063-02-29-R0407-2024-E

# TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

**MATANGUIHAN, YOLANDA  
DIMAANO**

(CPA PHARMACY)

Name of Taxpayer

**POBLACION I, VICTORIA, ORIENTAL MINDORO**

Address

**129-326-144-00000**

Taxpayer Identification Number

This is to certify that the above mentioned taxpayer is eligible for issuance of this Tax Clearance Certificate having satisfied all the criteria set forth by the BIR as of the date of this certification pursuant to Revenue Regulations No. 8-2016, as amended.

Tax liabilities recorded after the aforesaid dates or outside the jurisdiction of this Office are not covered by this tax clearance.

Issued this 29th day of February, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL MARCH 01, 2025 ONLY OR UNTIL REVOKED FOR VIOLATION OF THE CRITERIA SPECIFIED UNDER REVENUE REGULATIONS NO. 8-2016, AS AMENDED AND REVENUE MEMORANDUM ORDER NO. 46-2018, WHICHEVER COMES EARLIER. THIS SHALL NOT BE USED ON SALES/TRANSFER OF REAL PROPERTIES.  
CERTIFICATION FEE OF P100 WAS PAID ON FEBRUARY 19, 2024 UNDER EFPS PAYMENT TRANSACTION NO. 249717015.  
ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



**AMIHAN L. VALDEZ**

Asst. Chief, Collection Division

Officer-in-Charge

DOCUMENTARY STAMP TAX  
DATE OF PAYMENT: 02/27/2024  
PAYMENT CONFIRMATION:  
Ym202402272308405815969662  
AMOUNT: P30.00

**WARNING:** Counterfeiting is punishable by law. For authenticity, please visit BIR website [www.bir.gov.ph/index.php/tax-clearance/released-tax-clearance.html](http://www.bir.gov.ph/index.php/tax-clearance/released-tax-clearance.html). Tax Clearance Certificate (for bidding purposes) not listed/posted herein will be deemed to have originated from an illegal source.





This certifies that

**CPA PHARMACY**  
(NATIONAL)

is a business name registered in this office pursuant to the provisions of Act 3883, as amended by Act 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate issued to

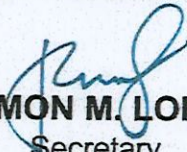
**YOLANDA DIMAANO MATANGUIHAN**

is valid from 01 October 2020 to 01 October 2025 subject to continuing compliance with the above-mentioned laws and all applicable laws of the Philippines, unless voluntarily cancelled

In testimony whereof, I hereby sign this

**Certificate of Business Name Registration**

and issue the same on 01 October 2020 in the Philippines.

  
**RAMON M. LOPEZ**  
Secretary

**Business Name No. 2209456**

This certificate is not a license to engage in any kind of business and valid only at the scope indicated herein.



APZC451711556783

Documentary Stamp Tax Paid Php 30.00





Republic of the Philippines  
Department of Health  
**Food and Drug Administration**  
Civic Drive, Filinvest Corporate City  
Alabang, Muntinlupa City



# **LICENSE TO OPERATE**

as

## **Drug Distributor-Wholesaler**

is hereby granted to

## **CPA PHARMACY**

Public Market, Poblacion 1, Victoria, Oriental Mindoro, Mimaropa  
(Region IV-B), 5205, Victoria, Oriental Mindoro

Owner: **YOLANDA D. MATANGUIHAN**  
License Number: **CDRR-RIVB-DW-652922**  
Application Type: **Renewal**  
Date of Issuance: **08 June 2023**  
Validity of License: **31 August 2026**



This LTO shall be renewed within **90 days** before its expiration, upon compliance with relevant laws, rules and regulations and the payment of fees. This LTO may be suspended, cancelled or revoked by this Office for cause if found violating RA 9711 and related issuances.

Furthermore, with this LTO, the FDA allows the establishment to apply for a market authorization [i.e. registration (CPR) or notification] for health products prior to manufacture, importation, sale or offer for sale, distribution, transfer and advertisement as the case may be.

**DR. SAMUEL A. ZACATE**

Director General

*This electronic-LTO (eLTO) is computer generated and does not require signature*



Standard Form Number: SF-GOOD-01  
Revised on: May 24, 2004


APPROVED BUDGET FOR THE CONTRACT (ABC)  
Supply and Delivery of Drugs and Medicines for SCUAA at MinSU Calapan City Campus  
Masipit, Calapan City, Oriental Mindoro  
Project Name and Location

Stations: Mindoro State University  
Length:


ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	TOTAL COST	VAT, OTHER TAXES AND/OR DUTIES APPLICABLE	FREIGHT & INSURANCE	OTHER INDIRECT COSTS	Contract Duration:				TOTAL COST	UNIT COST
									OTHER COST FACTORS					
									INFLATION, CURRENCY		VALUE			
									%					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)		
										(5)X(9)	(10%[(5)+(10)])	(11) / (3)		
	<b>Drugs and Medicines</b>													
1	Mecizine HCl 25 mg Chewables 240's	1	Box	3,840.00	3,840.00									
2	Bacilus Clausii 2 Billion CEU 10's	30	Bottle	50.00	1,500.00									
3	Mefenamic Acid 500 mg (Branded) 100's	2	Box	3,800.00	7,600.00									
4	Multivitamins (Branded) 100's	10	Box	850.00	8,500.00									
5	Dexamenthasone 500 mg 100's	1	Box	1,000.00	1,000.00									
6	Salbutamol Inhaler 100 mg 200 Actuations	8	Box	550.00	4,400.00									
7	PhenylpropanolamineHCl+Para+chlorphenamin e 25 mg\ 325 mg	5	Box	370.00	1,850.00									
8	Alcohol 70% 250 ml	150	Bottles	55.00	8,250.00									
9	Kinesiology Tape	20	Pcs	600.00	12,000.00									
10	Betadine Wound Spray 55g	10	Bottles	300.00	3,000.00									
11	Muscle Pain Relief (Spray)	12	Bottles	750.00	9,000.00									
12	Povidone Iodine 120 ml	5	Bottles	255.00	1,275.00									
13	Pain Relieving Patch 20's	40	Box	64.00	2,560.00									
14	Hydration Drink 350 ml	250	Bottle	40.00	10,000.00									
15	Mupirocin Ointment 5 mg	8	Tablet	150.00	1,200.00									
16	Methyl Salicylate Menthol Crystals Eucalyptus	20	Bottle	62.00	1,240.00									
17	Methyl Salicylate Camphor+Menthol 120 mg	10	Bottle	135.00	1,350.00									
18	Methyl Salicylate Oil 50 ml	10	Bottle	41.00	410.00									
19	Ice Pack	10	Pcs	250.00	2,500.00									
20	Elastic Bandage 4'	20	Pcs	55.00	1,100.00									
21	Arm Sling	10	Pcs	100.00	1,000.00									
22	Micropore 1"	1	Box	875.00	875.00									
23	3m Sterl Strip	5	Box	1,750.00	8,750.00									
24	Cotton Balls 150 pcs	15	Pack	80.00	1,200.00									




25	Oresol Sachet	3	Box	400.00	1,200.00				
26	Paracetamol	300	Tablet	5.00	1,500.00				
27	Loperamide 2 mg 100's	2	Box	900.00	1,800.00				
28	Cetirizine 10mg	1	Box	350.00	350.00				
29	Hydrogen Peroxide 120ml	5	Bottle	90.00	450.00				
30	Domperidone 10 mg	30	Tablet	10.00	300.00				
XXXXXXXXXXXXXXXXXXXXXXXXXXXX					-				
GRAND TOTAL					100,000.00				

Prepared by  
  
**RENIELITO C. RICO**  
 Member, BAC Secretariat

Submitted by  
  
**Engr. MARK-ESTER A. MAGPANTAY**  
 Head, BAC Secretariat

Recommending Approval  
  
**NEMESIO H. DAVALOS, Ph.D.**  
 Chairperson, BAC

Approved  
  
**ENYA MARIE D. APOSTOL, Ph.D.**  
 SUC President III





PURCHASE REQUEST

Fund Cluster:

STF

Office/Section : Sports , Culture and Arts		PR No.: 2024 - 007 Responsibility Center Code :		Date: February 16, 2024	
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
		Drugs and Medicines Expenses			
1	Box	Meclizine HCl 25 mg Chewables 240's	1	3,840.00	3,840.00
2	Bottle	Bacilus Clausii 2 Billion CEU 10's	30	50.00	1,500.00
3	Box	Mefenamic Acid 500 mg ( Branded) 100's	2	3,800.00	7,600.00
4	Box	Multivitamins ( Branded) 100's	10	850.00	8,500.00
5	Box	Dexamethasone 500 mg 100's	1	1,000.00	1,000.00
6	Box	Salbutamol Inhaler 100 mg 200 Actuations	8	550.00	4,400.00
7	Box	PhenylpropanolamineHCl+Para+chlorphenamine 25 mg/ 2mg/ 325 mg	5	370.00	1,850.00
8	Bottles	Alcohol 70 % 250 ml	150	55.00	8,250.00
9	Pcs	Kinesiology Tape	20	600.00	12,000.00
10	Bottles	Betadine Wound Spray 55g	10	300.00	3,000.00
11	Bottles	Muscle Pain Relief (Spray)	12	750.00	9,000.00
12	Bottles	Povidone Iodine 120 ml	5	255.00	1,275.00
13	Box	Salonpas 20's Pain Relieving Patch 20's	40	64.00	2,560.00
14	Bottle	Hydration Drink 350 ml	250	40.00	10,000.00
15	Tablet	Mupirocin Ointment 5 mg	8	150.00	1,200.00
16	Bottle	Methyl Salicylate Menthol Crystals Eucalyptus	20	62.00	1,240.00
17	Bottle	Methyl Salicylate Camphor + Menthol 120 mg	10	135.00	1,350.00
18	Bottle	Methyl Salicylate Oil 50 MI	10	41.00	410.00
19	Pcs	Ice Pack	10	250.00	2,500.00
20	Pcs	Elastic Bandage 4'	20	55.00	1,100.00
21	Pcs	Arm Sling	10	100.00	1,000.00
22	Box	Micropore 1"	1	875.00	875.00
23	Box	3m Steri Strip	5	1,750.00	8,750.00
24	Pack	Cotton Balls 150 pcs	15	80.00	1,200.00
25	Box	Oresol Sachet	3	400.00	1,200.00
26	Tablet	Paracetamol	300	5.00	1,500.00
SUB TOTAL 01					97,100.00

Purpose:

Drugs and Medicines Expenses for SCUAA - Sports.

STF - 1071  
164-200  
02-159

Requested by:		Recommending Approval:		Certified:		Approved by:	
Signature :				Allotment Available			
Printed Name :		ROSELIE J. GONZALES		NEMESIO H. DAVALOS, Ph.D.		ROVELYN P. ROXAS	
Designation :		Sports Director		Vice President for Academic Affairs		Budget Officer III	
						CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.	
						OIC - Office of the University President	

MACHERMIE R. LANDICHO  
Acting Budget Officer  
MinSCAT - Calapan





Republic of the Philippines  
MINDORO STATE UNIVERSITY  
Main Campus  
Alcate, Victoria, Oriental Mindoro



## PURCHASE REQUEST

**Fund Cluster:**





57

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**Purpose:**

### Drugs and Medicines Expenses for SCUAA - Sports.

STF - 1071  
164-200  
02-159

Requested by:	Recommending Approval:	Certified: Allotment Available	Approved by:
Signature : 			
Printed Name : ROSELIE T. GONZALES	NEMESIO H. DAVALOS, Ph.D.	ROVELYN P. ROXAS	CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.
Designation : Sports Director	Vice President for Academic Affairs	Budget Officer III	OIC - Office of the University President

### CHARGES AGAINST

**MACHERMIE R. LANDICHO**  
Acting Budget Officer  
MinSCAT - Calapan

1352



Republic of the Philippines  
MINDORO STATE UNIVERSITY  
Alcate, Victoria, Oriental Mindoro

PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)


END-USER UNIT : OFFICE OF THE SPORTS, CULTURE AND ARTS  
Charged to STF : SCUAA BEGINNING  
Project, Programs and Activities


CODE	GENERAL DESCRIPTION	UNIT	QTY	UNIT COST	TOTAL AMOUNT	MODE OF PROCUREMENT	SCHEDULE/ MILESTONE OF ACTIVITIES											
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	DRUGS AND MEDICINE EXPENSES																	
•	Mecizane HC 125 mg Chevables (Branded)	Tablet	20	16.00	320.00	Public Bidding												
•	Bacilus Clausii 2 Billion CEU	Tablet	20	50.00	1,000.00	Public Bidding												
•	Meferamic Acid 500 mg (1 Branded)	Box	2	3,750.00	7,500.00	Public Bidding												
•	Multivitamins ( Branded)	Tablet	60	12.50	750.00	Public Bidding												
•	Dexamethasone 500 mg	box	4	400.00	1,600.00	Public Bidding												
•	Salbutamol Inhaler 100 mg 200 Actuations	box	20	550.00	11,000.00	Public Bidding												
•	e 25 mg/ 2mg/ 325 mg	tablet	40	370.00	14,800.00	Public Bidding												
•	Alcohol 70 % 250 ml	Bottles	20	55.00	1,100.00	Public Bidding												
•	Kinesiology Tape	Pcs	10	550.00	5,500.00	Public Bidding												
•	Betadine Wound Spray 55g	Bottles	4	300.00	1,200.00	Public Bidding												
•	Muscle Pain Relief (Spray)	Bottles	20	750.00	15,000.00	Public Bidding												
•	Povidone Iodine 120 ml	Bottles	10	255.00	2,550.00	Public Bidding												
•	Salonpas 10's	Box	40	64.00	2,560.00	Public Bidding												
•	Hydration Drink 350 ml	Bottles	200	35.00	7,000.00	Public Bidding												
•	Mupirocin Ointment 5 mg	tablet	20	150.00	3,000.00	Public Bidding												
•	Methyl Salicylate Menthol Crystals Eucalyptus	Bottles	20	62.00	1,240.00	Public Bidding												
•	Methyl Salicylate Camphor + Menthol 120 mg	Bottles	20	135.00	2,700.00	Public Bidding												
	TOTAL				78,820.00													

TOTAL BUDGET:

78,820.00

Prepared By:

Recommending Approval:  
  
NEMESIO H. DA VALCOS, Ph.D.  
VP for Academic Affairs

  
ROSELLIE T. GONALVES  
Director for Sports and Development, Culture & Arts



# PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

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**NEMESIO H. DAVALOS, Ph. D.**  
VP for Academic Affairs